The Hampden Hippocrat

JUNE 1969

EDWARD PARSONS BAGG, JR., M.D.
1883 - 1969
FOUNDING EDITOR-IN-CHIEF
THE HAMPDEN HIPPOCRAT

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A bulletin for
The Hampden District of
The Massachusetts
Medical Society

Founded in 1942 by Doctors Edward P. Bagg and William A. R. Chapin.

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SIC TRANSIT NOBILIS

A PERSONAL TRIBUTE TO
EDWARD P. BAGG, JR., M.D.

Someone once observed that if a midget were placed on the shoulders of a giant, the midget could see farther than the giant.

Because of Dr. Edward P. Bagg, Jr. – the giant who succumbed on May 9, 1969 – our horizons have gained much breadth and perspective. His salutary influence is bound to be felt in our midst for many generations to come.

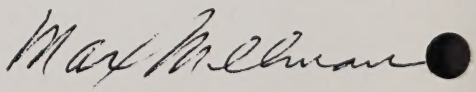
Dr. Bagg's countless contributions to his community and his profession are documented elsewhere in this issue. What is offered here is a brief tribute by one who was privileged to enjoy his scholarly wisdom and warm friendship over a period of many years. To spend an evening with him was a cultural delight. He had the logic of the scientist, the aesthetics of the artist, and the ethics of the humanitarian. His kindness, compassion, and gracious manner inspired the deepest affection in all who came to know him. The term "gentleman and scholar" was coined, it would seem, especially for Dr. Bagg.

His interest in *The Hampden Hippocrat*, which he co-founded in 1942, never lagged, even long after relinquishing its editorship in 1965. The very last medical function he attended was a meeting of the Board of Editors. Until practically the very end he continued to participate actively in the affairs of our bulletin. It is safe to state that *The Hippocrat* justly promises to perpetuate the memory of Dr. Bagg more than any, if not all, of his countless achievements and accomplishments.

Although honored with practically every high office our profession has to offer, he nevertheless remained a "grass-rooter" to the very end. His philosophy was that of an active optimist. Fully cognizant of the current turmoil, he nevertheless remained completely confident of the future. What disturbed him a great deal was the apathetic attitude of some of his colleagues who considered themselves too old to be concerned about the future of medicine.

To say that Dr. Bagg was a man of many talents and interests would be a gross generalization; to describe them in detail, would be impossible. His energy, dedication and resourcefulness made him a leader in any sphere he chose to enter. He will be missed for many reasons but most of all because of his unexcelled leadership, the type of which our profession could use most profitably in these trying and critical times.

The title of this tribute might well serve as his epitaph, for Dr. Bagg, indeed, was *a noble man.*



Max Millman, M.D.
Editor-Emeritus

IN MEMORIAM
EDWARD P. BAGG, JR., M.D.
1883 - 1969

Dr. Edward P. Bagg, Jr., of 33 Hampton Knolls, Holyoke, died at the Holyoke Nursing Home on May 9, 1969.

Born on December 4, 1883, in Holyoke, Dr. Bagg attended local schools, graduating from Holyoke High School in 1902. Thereupon, he graduated from Phillips Andover Academy in 1903 and from Yale University in 1907. Four years later, in 1911, he graduated from the Harvard Medical School. After completing his internship at the Massachusetts General Hospital, he returned to his native Holyoke in 1913 to enter into the private practice of medicine with specialization in pediatrics. Thus began an eminent and prominent career not only in the field of medicine but also unstintingly in this area's and particularly Holyoke's civic, cultural, and philanthropic life.

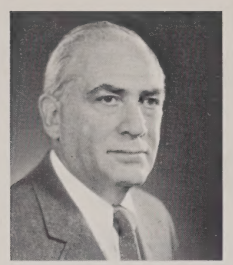
Dr. Bagg's interest and activity in community affairs covered a broad field. Closest to his heart was probably the Child Welfare Commission, of which he had been chairman for many years and a member since its founding in 1923 until his retirement therefrom in 1965. He was also President and Medical Director of the Society for the Care of Crippled Children, which was founded in 1918 and now is affiliated with the Skinner Clinic.

As a further manifestation of his universality, Dr. Bagg's talents as an artist and writer and his general interest in the intellectual life, provided both the ability and the motivation for his remarkable role as president of the Holyoke Public Library and Museum for 26 years. His artistry, writings, and poetry were widely acclaimed and particularly, in *The Hampden Hippocrat*, of which he was the founding Editor-in-Chief in 1942.

Dr. Bagg served as Chief of Staff at the Holyoke Hospital as well as Chief of the Pediatric Service for many years. He was certified by the American Board of Pediatrics and was a member of the AMA, the American Academy of Pediatrics, and the New England Pediatric Society. Not only was he a member but also a past president of the Massachusetts Medical Society, the Hampden District Medical Society, the Springfield Academy of Medicine, and the Holyoke Medical Society. In 1959, he was appointed for a short time temporarily Director of Public Health for the City of Holyoke.

In 1953, Dr. Bagg received in Holyoke the William G. Dwight Distinguished Public Service Award. For years the presentation ceremonies were concluded with a poem written by Dr. Bagg for the new member of the award group. In 1968, the tables were turned when Wyatt Harper wrote a poem honoring Dr. Bagg and from which the following portion is quoted:

"You have lived long and living
you have sought
To make your world the
better for all men
Your life itself, the lessons
you have taught
Have strengthened in the aegis
of your ken."



A MESSAGE TO HAMPDEN DISTRICT MEDICAL SOCIETY

From Jacob H. Fine, M.D.
President, Mass. Medical Society

In terms of *challenge* and *response*, all institutions of our culture are under stress. Since the water shed year of 1941, we have seen the introduction of atomic energy, computers, and space exploration. As hand maidens to those far-reaching events are changes brought on by explosions in population, knowledge, and communications. All these elements, and more, have seemingly become blended in such a way as to suggest either revolution, accelerated evolution, or instant antiquity.

The Massachusetts Medical Society since its formation 188 years ago has always been responsive to change vis-a-vis patient care, medical education of the practicing physician, and, in a limited way, research. To these three areas has now been added a fourth — social involvement. The community through its elected officials has voiced concern in all activities of medicine. In quite recent months, governmental actions have decreed that the best in health services must be made available to all the people as a right. Today, as never before, demands are being made of medicine and allied professionals to provide services where, when, and how the consumer wishes. From these demands, we have seen increased governmental involvement in regional medical programs, home care programs, extended care facilities, nursing homes, and hospital care. How and by whom these services will be financed is now being debated with increasing vigor.

I have suggested some of the challenges to the medical profession. What of the responses? Efforts in recent years have been made to increase communications from State headquarters to the Districts. Communications, however, should travel in two directions. I must remind you that in these tumultuous times there are no spectators. All are affected! Those among us who care, and I am certain that all of us do, must make known their concerns, criticisms, suggestions, or even panaceas to the District officers and Councilors. It is through these men and our committees that policies are made and responses determined. State officers do not make policy. This can also be said of our American Medical Association delegates. These men are sensitive to the thinking of their State Society which in the last analysis is each of us. To make our wishes known at the national level in terms of response to challenge, it is imperative that we send to the American Medical Association House of Delegates the maximum number of delegates. If all eligible Massachusetts' physicians were to join the American Medical Association, Massachusetts would be entitled to two, perhaps, three more delegates over the five now permitted.

The above broad stroke approach to a few current problems is offered to suggest the breadth of the challenges facing us. To pursue all challenges in depth requires the efforts of all.

Jacob H. Fine, M.D.

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MMS COUNCIL MEETING
HIGHLIGHTS

The annual Meeting of the Council of the MMS was held in Boston on May 21, 1969. Representing HDMS were the following Councilors: Drs. John C. Ayres, Maurice J. Boivin, Donald R. Hayes, Allen S. Johnson, Joseph R. Kelly, Leroy J. Kendrew, and Frank G. Mills. The meeting was called to order by the President, Dr. John W. Norcross, at 10:15 A.M. The minutes of the previous meeting, as published, were approved. Thereupon, an obituary was read and a moment of silence observed for Hampden's Dr. Edward P. Bagg, Jr., a past president and past councilor of the MMS.

Mrs. Henry E. Zellmann, President of the WAMMS, reported to the Council on the activities of that organization. She reported on the widespread showings from the Auxiliary's film library, particularly, on drug abuse ("Marihuana"), tours of historic homes in various sections of the Commonwealth, the informative and instructive programs for the membership, the awarding of scholarships to students, health careers' activities., and donations of funds to the AMERF. She concluded with a plea to physicians to urge their wives to join in the Auxiliary's various activities.

Mr. Robert Galen, President of SAMA at Boston University School of Medicine, reported on the activities of this student organization and particularly concerning the unrest amongst medical students. Quite disturbing was the report that some "leftist" students were going so far as to visit with Castro in Cuba. To counteract all this, he mades a plea for improvement in communication between students and practitioners in the area of the medical community activities. A strong recommendation for breaking the "generation gap" by inviting student representatives to Council meetings, committee meetings, and general assemblies of the Society was made. Moreover, an invitation was extended to representatives of the Society to contribute regularly articles on issues in medicine today in the students' publication.

The Treasurer's report as well as that of the Auditing Committee's was accepted.

The Committee on Nominations presented the slate of officers for the coming year and these were elected.

The Committee on Arrangement's recommendation that the 189th Annual Meeting be held in Boston on May 26, 27 and 28, 1970, was approved. The question of setting an annual meeting date for the Council was referred to the Committee for consideration pending "feed back" from the Districts.

After receiving the informational reports of the Committee on Publications and the Committee on Ethics and Discipline, the Council considered the report and recommendations of the Committee on Medical Education. The latter proposed that the feasibility as well as ways and means of establishing residencies in continuing education in university hospitals be undertaken as one way of keeping up with the "knowledge explosion" in the field of medicine. After some discussion of the various problems associated therewith, the Council approved a study of the establishment of such a program.

The Council went along with the Committee on Public Health's recom-

mendation that the latter in cooperation with the Committee on School Health continue its efforts in developing a program on the subject of learning disabilities in the preschool and school population. Moreover, the recommendation to encourage programs for the prevention and care of emphysema was endorsed.

Fifty year membership citations were awarded to a rather large bevy of members including 3 from Hampden: Dr. Harlan W. Augier (present), Dr. Joseph P. Derby, and Dr. Raymond R. Meunier (present).

The inquiry of the Committee on Members' Insurance Programs as to whether ambulatory psychiatric care and increased maternity benefits with a substantial increase in premium should be added to the Blue Cross-Blue Shield Program for the Society's members was answered in the negative.

It was voted that the portion of the Committee of Mental Health's report pertaining to "the increasingly prevalent problems of youth manifested by teenage alienation, drug taking, and other related problems" be published in the *N. E. Journal of Medicine* so as to be readily available for reference through various indexes. This report succinctly discusses these problems and provides some documentary statistics.

Inasmuch as Blue Shield has not processed and is not as yet using data accumulated on the usual and customary charges submitted by participating physicians under the Blue Shield portion of the Blue Cross-Blue Shield Master Medical Certificate, the Committee on Prevailing Fees' recommendations pertaining to use of same as a basis for developing a range of prevailing fees for use of the Society's officers in negotiating with third party payees were tabled and the Committee was instructed to use sources other than Blue Shield. Moreover, it was voted that the AMA's definitions of usual, customary, and reasonable fees be adopted by the MMS.

The Council accepted the Committee on Medical Services' recommendations that there be no change in the MMS policy as regards the payment for aftercare when a surgeon is in daily attendance, that Blue Shield review and clarify the areas of concomitant medical care, and that Blue Shield also provide a clear-cut mechanism whereby such care can be identified and proper payment provided.

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A somewhat disturbing report from the Blue Shield Liaison Committee was received to the effect that there seems to be no available profile of Blue Shield fees for any participating physician. The present basis for payment of Plan 9-Master Medical claims is within the area of one standard deviation above the mean of Medicare Part B charges as submitted by physicians during 1967, minus 5%. However, Blue Shield has indicated that it has written a program and is testing same to obtain June 1, 1968, to May 31, 1969, data from the computer for Medicare charges, for Blue Shield charges, and for all charges combined. This data will then be used in the Blue Shield usual and customary (? reasonable) program as well as the Medicare Part B program to determine the individual physician's usual charges and the prevailing customary range of charges in a locality of all physicians of similar training and experience. The basic limit of one standard deviation above the mean of the usual charges for a procedure will still prevail.

Resolutions to be submitted to the AMA House of Delegates pertaining to the seating of medical staff representatives on hospital governing boards and the establishment of the usual, customary and reasonable fee as a payment in full concept in prepayment medical insurance programs were approved.

A resolution endorsing the forthwith construction of the University of Mass. Medical School was also adopted.

The meeting was adjourned at 5:25 P.M. after President Norcross introduced Dr. Lamar Soutter, President-Elect, and Dr. Jacob H. Fine, the new President, who presented the new committee appointments. The latter were approved by the council.

Ayres

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MASSACHUSETTS MEDICAL SOCIETY

ANNUAL MEETING

The 188th annual meeting of the Fellows of the MMS was held on May 28, 1969, at the Statler Hilton Hotel in Boston. The agenda progressed traditionally with appropriate introductions of visiting dignitaries and acceptance of minutes of previous meetings.

Dr. Norcross, the retiring President, delivered his "swan song" stressing the need for concerted effort on the part of each and every physician to participate in community health planning at all levels. He warned that changes are going to take place with or without physician participation. Many points were made by Dr. Norcross with great weight being given to the importance of physicians working for and with their medical societies.

As usual, the highpoint of the business meeting was consideration of all proposed bylaw changes as presented to the Council during the past year and as included in the call to the Annual Meeting. The first of such, as recommended favorably by the Council, concerned the repeal of the Medical Defense Act with deletion of all references thereto in the bylaws of the Society. The Fellows voted to accept this change.

Upon recommendation of the Council, the Fellows concurred with the amendments proposed to clarify certain aspects of the bylaws pertaining to senior fellowship. Hereafter, "senior fellowships will be effected by the Secretary of the MMS routinely on written notification to the Treasurer"; however, each district can determine its own policy relative to assessing senior fellows. Moreover, each senior fellow must request in writing to the district treasurer remission of district dues or assessments.

Hereafter, notification of Fellows who are in arrears as to payment of MMS dues will be notified by *certified* letter rather than by *registered* letter.

At the Annual Meeting of 1968, the Fellows amended the bylaws to allow each district, if it so desired, to elect as Councilors in addition to its regular quota, certain district members holding certain offices in the state or district society. Unfortunately, the mechanism for election of and time of assuming office by same was not defined. Hence upon recommendation of the Council, the Fellows concurred that a district society may elect at any of its meetings such certain Councilors who would then take office immediately.

The Fellows also went along with the Council's recommendation that membership in a specific district society *not* be based exclusively on place of legal residence or place of practice within the boundaries of the said district.

The Shattuck Lecture, entitled *Swinging Copy and Sober Science*, was delivered by Dr. Franz J. Ingelfinger, Editor of *The New England Journal of Medicine*.

In the evening after the annual dinner, Francis W. Sargent, Governor of the Commonwealth of Massachusetts discussed the future of the University of Massachusetts Medical School. Under consideration were four alternatives: (1) an unqualified "go" on a 4-year school along with a reasonably sized teaching hospital, (2) a 4-year school utilizing Worcester area hospitals for clinical affiliations, (3) a two-year basic science school, and (4) no school but subsidy to existing medical schools with an eye to training more Massachusetts residents.

Ayres

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President-Elect ..... Lamar Soutter, Suffolk
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Treasurer ..... Charles G. Shedd, Suffolk

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Orator ..... Dana L. Farnsworth, Middlesex South

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John B. Butts, Worcester
Urban H. Eversole, Norfolk
Donald R. Hayes, Hampden

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Jan. 1, 1970 through Dec. 31, 1971
H. Thomas Ballantine, Jr., Suffolk
John W. Norcross, Charles River
Nicholas S. Scarcello, Worcester
Through December 31, 1970
(to fill unexpired term of
J. Robert Browning
who has been appointed
to fill the term of
Frank D. Eddy,
who resigned as Delegate.)
Stanley M. Wyman, Middlesex South

HAMPDENITES APPOINTED

The following members of HDMS have been appointed to serve on committees and board of the MMS for 1969-1970.

STANDING COMMITTEES

Benevolence
Dr. Alfonso A. Palermo

Finance
Dr. Donald R. Hayes

Members' Insurance Programs
Dr. H. Bernard Tillman

Public Health and Problems Relating to Individual Diseases
Dr. Hyman H. Shuman (Chairman)
Dr. John C. Ayres

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Dr. John P. Sullivan

Bylaws, Special Committee to Review
Dr. Theodore R. Miner

Long Range Planning
Dr. Robert A. Sears

Maternal Welfare
Dr. Kenneth W. Sinish

Subcommittee on Perinatal Welfare
Dr. James W. Morgan

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Dr. Garry deN. Hough, III (Chairman)

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MORE HELP

To the Editor:

As we all know, many thousands of physicians have dropped out of the American Medical Association. In addition, scores of physicians have lost interest and confidence in their district medical societies and do not attend or participate in any of their society meetings. Moreover, rival medical organizations are being formed in many states, including our own, by disenchanted physicians.

It is about time we took our heads out of the sand and took a good look around and a good look at ourselves. It is indeed time to address ourselves to the pressing problems of the day and the immediate future. There must be important reasons why physicians have lost confidence and have left their own medical societies.

Of course, we have many problems, but there are two important areas where our medical society seems to have failed to do much about. These areas affect practically every physician.

First, the individual physician receives very inadequate protection by his medical society. The private practicing physician is the very backbone of the medical society, and yet, his needs are too often neglected. There are numerous instances where a physician is left to do battle alone when he has a just grievance concerning his hospital privileges. Often, the individual physician will back down even though his cause is just, in order to safeguard his livelihood. This is unfair! The medical society should come strongly to the aid of the physician member if his cause is really just and help him in his conflict against the large hospital corporation. With truly adequate protection, the physician would not fear repercussions in bringing his grievance to the attention of the medical society.

The second area concerns the participation of the hospitals in the practice of medicine. More and more, the hospitals consider themselves the citadels of medical care. The hospitals are employing physicians on a full time salaried basis, and the profits earned by these physicians accrue to the hospitals. This trend will undoubtedly continue to expand and eventually affect all of us.

Now, something that will affect all of us is certainly our business. Our society should look into this problem in great depth in all its ramifications. There certainly should be thorough discussion concerning this matter, and eventually guidelines and policies formulated. The role of the hospital in the practice of medicine should be carefully delineated.

We must give these problems and many other problems our maximum effort and attention and come up with some answers or solutions. If we do not, there are others who will do it for us.

Sincerely yours,
Charles S. D'Avanzo, M.D.

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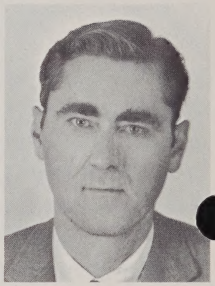
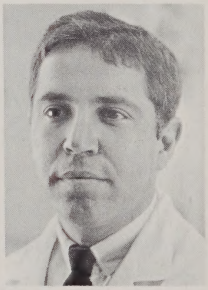
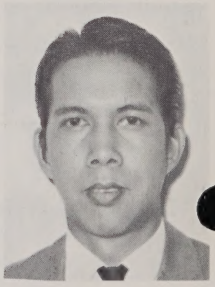
James Joseph Collins, M.D. Office: 1400 State Street, Springfield, Mass. Born: Springfield, Massachusetts, August 2, 1934. Medical School: Georgetown University, 1960. Internship: Georgetown University. Residency: Washington V. A. Hospital; Georgetown University Hospital. Specialty: Internal Medicine.



Robert Sproule Letteney, M.D. Office: 76 Maple Street, Springfield, Mass. Born: Pittsfield, Massachusetts, March 22, 1934. Medical School: Tufts University School of Medicine, 1960. Internship: St. Elizabeth's Hospital, Brighton, Mass. Residency: Los Angeles County Harbor General Hospital, Torrance, California; Metropolitan Hospital, New York; Skin and Cancer Hospital, Philadelphia, Pennsylvania; Boston City Hospital, Boston, Mass. Specialty: Dermatology.



Leo Sigmund Newman, M.D. Office: Providence Hospital, Holyoke, Mass. Born: Cleveland, Ohio, August 29, 1935. Medical School: University of Cincinnati, 1960. Internship: Jackson Memorial Hospital, Miami, Florida. Residency: University of Florida. Specialty: Radiology.



Carolino Aquino Centeno, M.D. Office: 70 Court Street, Westfield, Mass. Born: Philippines, March 1, 1933. Medical School: University of the Philippines, 1959. Internship: Griffin Hospital, Derby, Connecticut. Residency: Hospital of St. Raphael, New Haven, Connecticut; Western Massachusetts Hospital, Westfield, Mass. Specialty: General Surgery.

NEW MEMBERS...

William A. Wecker, M.D. Office: 81 South Street, Ware, Mass. Born: Brooklyn, New York, March 14, 1923. Medical School: New York University College of Medicine, 1946. Internship: Bayonne Hospital and Dispensary, Bayonne, New Jersey. Residency: New York City Department of Health; Harvard School of Public Health. Specialty: General Practice.

Peter Paul Lynch, M.D. Office: Holyoke Hospital, Holyoke, Mass. Born: Springfield, Mass., January 21, 1933. Medical School: University of Maryland School of Medicine, 1957. Internship: Brooke Army Medical Center, San Antonio, Texas. Residency: None. Specialty: General Practice.

Edward G. Krug, M.D. Office: Springfield Hospital Medical Center, Springfield, Mass. Born: Detroit, Michigan, January 9, 1929. Medical School: Wayne State University College of Medicine, 1958. Internship: Munson Hospital, Traverse City, Michigan. Residency: Columbus State Hospital, Columbus, Ohio. Specialty: Psychiatry.

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Richard K. Douglas, M.D. 1974

THE NEXT MEETING OF THE SPRINGFIELD ACADEMY OF MEDICINE

will be held on

TUESDAY, SEPTEMBER 9, 1969 AT 8:30 P.M.

SPEAKER: Theodore M. King, M.D., Chief of Obstetrics, Albany Medical College, Albany, New York

CLINIC: Wesson Maternity Hospital, 5:00 P.M.

TRENDS IN THE PRACTICE OF MEDICINE

Not too many years ago, private practice constituted the backbone of medicine, however, the rapid advances in medicine and allied biological sciences and the changing attitudes of the American people and the legislative branches of our government will undoubtedly alter the direction of the practice of medicine. The young physician's ambitions, goals and interests will, in part, reflect the needs of today's society as he ponders the best following for a medical career for the decade ahead. Solo and group practice will still rank high in his selection but academic medicine, full-time hospital affiliation, government medicine (Veterans Administration hospitals, public health and space medicine) are attracting more and more of our physicians today.

The syndrome of the "grass-is-greener-elsewhere" afflicts physicians as severely as other people. The successful straddling of two careers by many physicians has been both rewarding and satisfying. Approximately one-fourth of all full time physicians maintain a part-time fee-for-service practice. More and more solo and group practitioners contract for salaried part-time hospital positions as in clinics and emergency rooms.

The February, 1969, issue of the *Hospital Physician* lists some 344,344 registered physicians in the United States. A little over one-fourth (92,874) are not in private practice. In this group one finds 9,831 interns, 34,432 residents, 23,584 on hospital staffs, 10,172 in medical school, and the remaining equitably represented in administrative, in laboratory and preventive medicine, and in research. Not included in the total number of physicians, are some 12,701 in the armed forces and 1,938 in the United States possessions.

SOLO PRACTICE

Of the approximately 7,000 graduates from medical schools each year, undoubtedly many will initially choose solo practice as their career, even though this traditional pursuit is under ever-increasing attack. Solo practice does offer the refreshing freedom of making decisions for one's self. The solo practitioner has no-one to answer to in the management of his office, his hours, his need of equipment, and to some extent, the

Ernest A. Byron

* * * * * *

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selection of his patients. By the late 1970's, the population will be more concentrated in urban areas; he will no longer feel the anxiety of "professional isolation". If stumped with a problem, he can reach a medical center or a university hospital with ease, and he will find himself more and more dependent on the local hospital than ever today. His hours, a median of 60 hours per week, will be slightly less than his colleague in group practice, whose median is 63 hours. To appreciate the debit side of solo practice, even though his median gross earnings will substantially increase over the next decade, his professional expenses will also rise to well over one-third. According to economist Herman M. Somers, within a decade 70-80% of all fees will be paid by third party insurers. This will undoubtedly increase the paper work of the private practitioner and could mean as much as 100 or more forms to be filled out by him or by his staff. By 1979, well over 85% of all solo physicians will be employing two or more aides to cope with the deluge of forms and secretarial duties. The solo practitioner spent approximately $3,500 some five years ago to open a new office, but today he may spend upwards of $10,000 not only for standard equipment and furniture, but also for basic living expenses for some six months. He must not only wait for a year or so to break even, but considerably longer as his practice grows, to make up the deficit and pay back his financial obligations.

GROUP PRACTICE

Group practice is growing in the United States; more so in the South, Mid-west and Far-west than in the Far-east. In 1959, 8.0% of physicians were in group practice; in 1965, 15.6%; in the 70's, it may well reach 20%. Group practice numbers from two to as many as 450, as in institutions like the Mayo Clinic and Lahey Clinic, and can vary from multi-specialty to single specialty groups. The larger the group, of course, the more impersonal is the working atmosphere. Some 45% of all partnerships and group M.D.'s are in a two man office. The larger the group, the lesser the burden of administrative and paper work for the physician, for they will have a business manager. A new physician joining a group may start with a salary in the range of $18,000 to $25,000 a year without the burden of expenses of solo practice. He may work a few more hours a week, but this is more than compensated for by such fringe benefits as group and disability insurance, vacation with pay and without the anxiety of providing coverage, freedom to attend lectures and seminars, a retirement program, and compensation when ill. As in solo practice, one does not have complete freedom of selection of practice because of the increasing government, state and local social programs, but unlike

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private practice, one is not entirely autonomous and his own man.

HOSPITAL PRACTICE

Hospital practice appears to be the core of tomorrow's medicine. Some 23,548 doctors are listed as full-time hospital staff men (in 1963 this figure was 11,888). In less than 6 years, the number has increased over 100%. Full-time hospital practice is by far the fastest growing career in all of medicine. According to the *Hospital Physician*, in the past five years, the number of full-time staff men has gone up 107% compared with the total increase of all doctors in the same period — less than 16%. The hospital practitioner will continue to burgeon as urban hospitals and medical centers absorb the ever increasing technological developments and total care programs. Salaries compensated with fee-for-service for the full-time hospital staff man is indeed attractive. It does offer a more regulated schedule, a shorter work week (51 hours vs solo practice of 63 hours), and it does offer a professional challenge both in teaching and research. At the same time, his freedom of action may be hampered by the red tape of the administrative and governing boards of the hospital, but in the long run, the advantages and fringe benefits may more than compensate for this transient thorn.

RESEARCH AND TEACHING

A physician with a desire for research and teaching, and who does not shrink from working with a team and a hierarchy in a medical school, may well find academic medicine both rewarding and challenging. There are well over 10,172 physicians in some form of academic medicine. With increasing population and the demand for more physicians, this area of medicine will undoubtedly attract more doctors. In recent years, salaries have become more attractive in medical schools and university hospitals. A dean of a medical school and head of a department may command as much as $30,000 a year. An instructor, two years out of residency, may earn as much as $18,000 a year — an earning unheard of a decade ago. With a modest private practice, an academician may earn up to $25,000 a year and more. With the attraction of fringe benefits as non-profit teachers' insurance and annuity association, absence of equipment expenses and salaries, and free tuition for faculty children, academic medicine is a magnetic field for the young physician. Clinical medicine is indeed rewarding, yet how absorbing is research even if it were to be measured in inches in the annals of medicine and how stimulating over the "mundane" of every day practice. To reach even one patient in a day is all heartening to a clinician, yet to move medicine one millimeter ahead may be the very quintessence of all of medicine.

The graduates of medical schools each year are faced with challenges as well as needs, as with the armed forces, Veterans Administration hospitals, public health, occupational medicine, space medicine, etc. This group currently numbers well over 30,000 physicians.

With the impact of our present social reforms, ideologies, and the technological breakthroughs so overwhelming, the physician in this milieu will alter and with it, the practice of medicine in the light of dawn tomorrow.

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ANNUAL MEETING
WOMAN'S AUXILIARY

Accepting the Challenge—Mrs. Sawyer Medbury, second from left, accepts the presidential gavel of the WAHDMS from her predecessor, Mrs. Walter Mozden. Mrs. Richard V. Paul, left, was installed as President-Elect, and Mrs. J. Harry Fierman, right, Past President of WAMMS, conducted the installation ceremonies.

The Woman's Auxiliary to the Hampden District Medical Society held its Annual Luncheon Meeting on Tuesday, April 22, 1969 at Valle's Steak House, Springfield. Mrs. John Maloney, Chairman of the Nominating Committee presented the slate of officers, and Mrs. H. Harry Fierman of Pittsfield, Past President of the WAMMS, conducted the ceremony of installing the newly elected officers for 1969-1970. Mrs. Sawyer Medbury accepted the presidential gavel from Mrs. Walter Mozden, out-going president.

Other newly elected officers are Mrs. Richard V. Paul, President-Elect; Mrs. Walton E. Stevens, Recording Secretary; Mrs. Jean Paul Aucoin, Treasurer; Mrs. John J. Burke, Corresponding Secretary; and Mrs. Joseph Angelica, Scholarship Treasurer. The Directors are Mrs. Walter Mozden, Mrs. Frank Mills and Mrs. Harry J. Corwin. Mrs. Leonard Plotkin was named Chairman of Nominations.

Mrs. H. Bernard Tillman, Program Chairman, presented the Frank Hatchett Dancers. This group of extremely talented youngsters under the direction of Mrs. Frank Hatchett provided excellent entertainment to complete the afternoon.

Mrs. Medbury then adjourned the meeting, and everyone bid each other farewell until the group meets again next fall.

Mrs. Richard V. Paul

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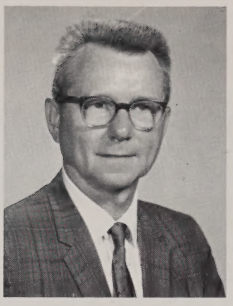

PRESIDENT'S PAGE

QUO VADIS

As one makes his daily professional rounds today, it is quickly recognized that certain topics are foremost in our discussions. Heading the list are the following: (a) group vs. solo practice, (b) AMA membership, and (c) medicine at the crossroads.

TYPE OF PRACTICE

Probably the most discussed issue today is the controversy over group vs. solo practice. Briefly, group practice may include several basic varieties.

1. Private group practice—varying from a single two-man partnership or association to a giant multi-specialty clinic or group.
2. Prepaid group practice.
3. Institution related group practice — i.e., a private group but related or united to one hospital.
4. Full-time hospital practice (salary).
5. Academic medicine.

The pros and cons of these various groups are being widely discussed today. I would like to summarize my thoughts in this regard by quoting the following: "Independents who adapt to professional and economic associations with other independents will probably be among the last physicians to turn their patients over to the computer."

AMA MEMBERSHIP

For those of us who believe in and plan to remain in private practice, whether it be solo or in group, our need to support the AMA has never been more urgent or necessary. The whole fee-for-service concept is intimately dependent on a parent organization for its protection. At the present time the HEW Department is in the process of trying to replace the usual and customary fee practice with a fixed fee schedule. Regardless of the outcome of these discussions, but particularly if a fixed fee schedule is adopted, a strong and completely supported AMA will be the determining factor in how happy you and I will be with the fixed fee schedule levels.

AT THE CROSSROADS

Let us not be confused by the turmoil about us. The physician's position in society has never been stronger, whether from the standpoint of needs or necessity. Our services have never been in greater demand, and the demands will become even greater. That there will be changes affecting each and every one of us should be taken for granted, and like most changes, they will be for the good. That we will continue to serve our patients and our community to the best of our abilities is without question — as it has always been. Because third parties are now a permanent method of medical payment, we will continue to be involved in economic discussions, whether we be in solo practice or in a semi-salaried group or hospital practice. But our energies will continue to be primarily spent in improving the welfare of our patients, just as our predecessors did before us, and our successors will continue to do after we have retired from this challenging but happy task.

Walter S. Mozden, M.D.

HIGHLIGHTS OF THE MAY EXECUTIVE COMMITTEE MEETING

The HDMS Executive Committee convened at 8:10 P.M. on May 20, 1969. Present were Drs. Barnes, Stoler, Collard, Mozden, Hough, Moore, Kelly and Mrs. Purdy.

The minutes of the April Executive Committee meeting were read and approved as read.

CORRESPONDENCE

Dr. Ayres, Springfield's Commissioner of Public Health, wrote asking the Society to support and endorse raising the fluorine content of the water to the optimum level for prevention of dental disease. The Committee approved this unanimously.

A letter from Dr. Sullivan concerning blood banks was tabled until the next meeting, as Dr. Sullivan could not attend the meeting and wished to speak about it to the Committee.

Two notices from the Massachusetts Medical Society were read. One concerned writing legislators about chiropractors. This had been done in Hampden District at an earlier date. The other concerned utilization committees. The local medical society has no utilization committee at this time.

An informational letter from Mr. Cheadle of the AMA about the Health Fair was read.

The Community Council of Greater Springfield sent an invitation to join the Massachusetts Conference on Social Welfare. No action was taken at this time.

The YWCA wrote telling about the PAGE program (Pregnant Adolescent Girls Education). This will be submitted for printing in the *Hampden Hippocrat* and to Dr. Forbes for dissemination to the Western Massachusetts Obstetrical Society.

The Valley Bank & Trust Company wrote to the HDMS about the $2,000.00 grant from the Nan and Matilda Heydt Fund for Health Fair '69. A letter of thanks will be sent to them for the part payment that has been received and applied to the account.

A letter from Dr. LaMarche on insurance payments for treating a patient was discussed. This will be referred to the Committee on Insurance, Labor Relations & Industrial Accidents for study and an answer.

Dr. LaRochelle sent in a resignation from the Medico-Religious Committee. This was accepted with regret.

Mrs. Fiorini, President of the Hampden District Association of Medical Assistants, wrote a report to the Executive Committee of their activities for the past year. Dr. Stoler will write them a letter of congratulations.

Under old business, Dr. Mozden gave a report of the Interhospital and Community Health Planning Committee. This committee at its last meeting named Dr. Omar Pace as the first representative to serve on the Board of Directors of the Connecticut Valley Health Planning Council. Dr. Collard

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and Dr. Maher were suggested as alternates.

The Executive Committee was notified that a telephone call had been received from Dr. Carl Johnson of Thompsonville stating that it was necessary for a physician to hold a Connecticut medical license to visit patients in the Enfield Nursing Home. A letter of inquiry will be written to the Board of Registration in Medicine in Connecticut to find out about this officially.

Dr. Stoler gave a brief report on the letters that were sent to some of the members about telephone listings.

Under new business, Dr. Ernst's recommendation at the last HDMS meeting was discussed. It was voted to ask Dr. Ernst to put his motion in a form more apt to influence the MMS and to return it for the next meeting.

An ad hoc committee was appointed by Dr. Barnes to study the role of the hospital in medical practice as requested by Dr. D'Avanzo at the April HDMS meeting. Dr. D'Avanzo was appointed chairman with Drs. Mosig, Sullivan, Anton, J. McHugh, Douglas and Prybylo as committee members.

Dr. Ayres attended the Executive Meeting as Executive Councilor and gave a report of the meeting of the Executive Committee of the MMS with special regard to the latest information on Blue Shield and the so-called Massachusetts Federation of Physicians of Fall River.

An inquiry from a member as to whether osteopaths are eligible to join the Society has been received and will be referred to the MMS for an answer, as it will apparently necessitate by-law changes at both state and local levels.

OFFICE REPORT

The Emergency Medical Service in-depth study figures have been tabulated. These have been sent to the Committee for study and a meeting of this committee will be held on Tuesday, June 10 at 12:15 P.M. in the Conference Room.

Greater Springfield books were given to the HDMS by the Joint Civic Agencies of Greater Springfield for distribution to members and for placement in their waiting rooms.

The meeting was adjourned at 9:50 P.M.

The Grievance Committee met and heard two cases. Letters will be written to the people concerned.

The meeting was adjourned at 10:20 P.M.

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IN MEMORIAM

ALBERT W. GHOREYEB, M.D.

1885 - 1969

Dr. Albert W. Ghoreyeb of 95 Dover Road, Longmeadow, died at his home on April 30, 1969.

Born in Abaih, Lebanon, on August 15, 1885, Dr. Ghoreyeb graduated from the American University, Beirut, Lebanon, in 1904 and then went on to receive his doctorate in medicine from the Harvard Medical School in 1909. After interning at the Massachusetts General Hospital, he went on to teach at the Harvard Medical School from 1911 to 1917. With the outbreak of World War I, he immediately went overseas with the first contingent of the A.E.F. as a member of the U. S. Army Medical Corps. After the war, he served for a brief time as a French-English interpreter at the Paris Peace Conference. In 1923, he came to Springfield, where he engaged in the general practice of medicine until his retirement.

Dr. Ghoreyeb served on the medical staff of the Wesson Memorial Hospital. He was also a member of the AMA, MMS, and the HDMS.

Deepest sympathy is hereby extended to his family and to his many friends and associates.

IN MEMORIAM

AMBER A. STARBUCK, M.D.

1878 - 1969

Dr. Amber A. Starbuck of Main Street, Middlefield, died at the Pittsfield General Hospital on May 5, 1969.

Born in Gill, Massachusetts, on November 3, 1878, Dr. Starbuck graduated from Boston University in 1902 and received her doctorate of medicine therefrom also in 1906. After interning at the Massachusetts Homeopathic Hospital in Boston, she came to Springfield to serve on the staff of the Wesson Memorial Hospital and became superintendent thereof for two years. In 1910, she entered into the private practice of general medicine and engaged therein until her retirement some five years ago.

Besides serving on the staff of the Wesson Memorial Hospital, Dr. Starbuck in her younger day was very active in the affairs of children, for it was largely through her efforts that a branch of the Society for the Prevention of Cruelty to Children was established in Springfield. Moreover, for many years she held an appointment as physician attached to the probation office of the Springfield District Court. From 1928 until her demise she also operated a health farm in Middlefield. Dr. Starbuck was a member of the AMA, MMS, HDMS, and the Springfield Academy of Medicine.

To her family, her friends, and associates, deepest sympathy is hereby extended.

MARK YOUR CALENDAR NOW!

HDMS MEETING, SEPTEMBER 23.

HDMS EXECUTIVE COMMITTEE MEETING, SEPTEMBER 16 AND OCTOBER 21.

MMS COUNCIL MEETING, BOSTON, OCTOBER 8.

AMA ANNUAL MEETING, NEW YORK, JULY 13 - 17.

INTERNATIONAL COLLEGE OF SURGEONS, UNITED STATES SECTION, ANNUAL MEETING, MONTREAL, CANADA, SEPT. 1 - 5.

INTERNATIONAL TUBERCULOSIS CONFERENCE, NEW YORK, SEPTEMBER 2 - 6.

WORLD CONGRESSES OF NEUROLOGICAL SCIENCE (9TH INTERNATIONAL CONGRESS OF NEUROLOGY AND 4TH INTERNATIONAL CONGRESS OF NEUROLOGICAL SURGERY, NEW YORK, SEPTEMBER 21 - 27.

AMERICAN ACADEMY OF GENERAL PRACTICE, PHILADELPHIA, SEPTEMBER 26 - OCTOBER 3.

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HAMPDEN CAPSULES

Dr. Ferris was chairman for a symposium on congenital heart disease at The Springfield Hospital Medical Center.

Dr. Montori received a plaque from Boy Scout Troop 14 in appreciation of work that he has done for the troop.

Dr. Coons was crusade chairman in West Springfield for the annual "Cancer Crusade."

Dr. Caldarola was elected to the Board of Trustees of Acre Brook Academy in Sixteen Acres.

Twenty physicians belonging to HDMS attended the coronary care course held at Peter Bent Brigham Hospital in Boston.

Dr. Howard Turner was re-elected President of the Hampden-Berkshire Tuberculosis and Respiratory Disease Association.

Dr. Whiting was chairman of the 150th anniversary committee of the First Unitarian Church.

Dr. Kinsella was appointed to the West Springfield Council on the Aging.

Dr. Frankl (not yet a member, but has applied) chaired the 14th annual George L. Steele Memorial Lecture.

Dr. Mandell published a paper entitled "Antibiotic Irrigations in Patients Undergoing Transurethral Surgery of the Prostate Gland".

Dr. Kendall is conducting classes on electrocardiography at Wing Memorial Hospital.

Dr. LaMarche presented a paper on "Indirect Traumatic Rupture of the Rectus Femoris Muscle" at the New England Orthopedic Society.

Dr. Richard D. Baldwin of Westfield has been giving nursing personnel at Noble a series of lectures.

Dr. Kendrew spoke on "Drugs, Their Use and Abuse" at Williston Academy.

Dr. Anton attended a course in medi-clinics at the University of Minnesota School of Medicine.

Dr. Fairy Brown received a plaque for 45 years of service from Wesson Memorial Hospital.

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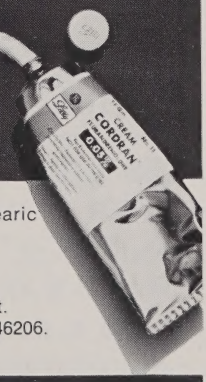

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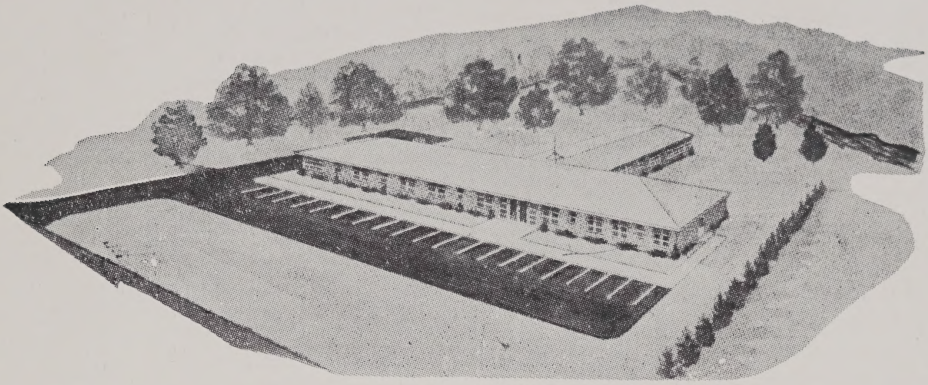

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